DOCUMENT RESUME

ED 215 490 EC 142 149

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TITLE A Survey on the Use of High Risk Register and Birth Certificate for Infant Hearing Screening.
INSTITUTION Oklahoma State Dept. of Education, Oklahoma City.
PUB DATE [81]
NOTE 9p.

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Handicap Identification; *Hearing Impairments; *High Risk Persons; *Infants; *National Surveys; Neonates

ABSTRACT

To determine progress in identifying hearing loss in large populations of newborns, a questionnaire was sent to state agencies in 50 states plus the District of Columbia and the Virgin Islands. The questionnaire addressed three major topics: use of a high risk register, use of birth certificate screening, and future consideration of birth certificate screening. Among major results were that 13 states reported current use of a high risk register; in most states the register was the responsibility of the state health department; only one state (Utah) currently uses the birth certificate to identify high risk babies on a statewide basis; and the question of confidentiality brought a diverse response from the states. (CL)

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A SURVEY ON THE USE OF HIGH RISK REGISTER AND BIRTH CERTIFICATE FOR INFANT HEARING SCREENING

By: Karen A. Carlberg, Judy Fox-Goodrich and Zane LaCroix

Early detection of hearing loss is essential for optimum development of language abilities in hearing impaired children. This is a widely accepted fact but the method for detection of hearing loss has remained more controversial.

In 1972 the Joint Committee on Infant Hearing Screening issued a statement citing high risk register as a recommended way of screening the newborn population for hearing loss (ASHA, 1974). In this method, infants are identified as at risk for hearing loss by means of specific criteria present in their family history, birth history or health status. Infants in the at risk category are referred for audiologic testing during the first few months of life.

Since the establishment of these at risk criteria, many individuals and agencies have been utilizing this method. Use of a high risk register has been reported by several sources including Meyer and Wolf (1975), and a longitudinal study at the University of Colorado Medical Center has reported successful use of a high risk register over a six year period (Northern and Downs, 1978).

This local use of a high risk register does little to fulfill the recommendation of the Saskatoon Conference on Early Diagnosis of Hearing Loss. This conference recommended universal implementation of high risk register on the basis of the 5 points recommended in the supplementary

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statement of the Joint Committee on Infant Hearing Screening issued in 1972 (Gerber and Mencher, 1978).

On a larger scale, Mahoney and Eichwald (1979) report on a statewide program in Utah which implements a high risk register. However, this study also cites the difficulties encountered using this method. Subsequently, the state of Utah began utilizing the birth certificate as a method for obtaining high risk data on all newborns (Mahoney, Cozakos, Brockett, Eichwald, 1978; Mahoney, 1979).

The purpose of the current survey was to determine how much progress is being made by other agencies and individuals responsible for identification of hearing loss in large populations of newborns. A second goal was to determine whether other agencies were attempting to adopt the birth certificate screening method and if they were, to ascertain what difficulties were being encountered in this procedure.

METHOD

A ten item questionnaire was constructed which addressed three major topics: use of a high risk register, use of birth certificate screening, and future consideration of birth certificate screening.

This questionnaire was sent to state agencies in 50 states plus the District of Columbia and the Virgin Islands. As different agencies in each state may be responsible for identification of hearing loss in newborns, copies of the questionnaire were sent to the State Department of Education, the State Department of Health and the State Crippled Children's Agency, if it differed from the Department of Health.

RESULTS

A detailed summary of the survey results is included in the Appendix. A summary of the major findings is included here.

Responses were received from 43 states plus the District of Columbia and the Virgin Islands. A total of 66 individuals responded: 27 from State Education Agencies, 29 from State Health Agencies and 10 from Crippled Children's Services not connected with the State Department of Health.

Information is being reported on a state basis rather than as a total of all individual responses. In most cases there was good agreement on the questionnaires from 2 or 3 different agencies within a single state. Occasionally there was disagreement on a particular question and that is noted as such in the appendix.

Thirteen states (28.9%) reported current use of a high risk register. Not all of these high risk registers were used on a state-wide basis even when a state agency was the responsible party. Three states noted that state law allowed for or supported the use of a high risk register but funding was not available to implement the register. Two states added that they were in the process of trying to establish a high risk register.

In most states, the high risk register is the responsibility of the State Department of Health, but several states are attempting to work out cooperative agreements to identify at risk infants.

Only one state, Utah, currently utilizes the birth certificate to identify high risk babies on a state wide basis. Thirteen states (28.9%), however, were considering this possibility. Seven of these were actively pursuing this goal either through legislative action, pilot programs or

regulatory changes within the state agency. Two states reported that actual legislation in this area was being proposed.

There was strong agreement (80%) that use of the birth certificate as a high risk instrument would require changes in the current birth certificate used by the state. Only 37.8% of the states indicated that a change in the birth certificate would require legislation. Another 28.9% reported that they were not certain about the necessity for legislation. In several cases respondents were uncertain whether it would take legislative action or a Health Department mandate to change the certificate.

The question of confidentiality probably brought the most diverse response. Seventeen states (37.8%) indicated difficulty with using birth certificate information, 13 states (28.9%) indicated no problems in this area and 10 states (22.2%) were uncertain whether confidentiality was a problem.

DISCUSSION

That high risk register for infant hearing screening was an area of interest and concern among state agency personnel was apparent from the large response to the survey. That implementation of a high risk register on a large scale is difficult was also apparent. Differences in state laws, guidelines and birth certificates make national acceptance of one procedure nearly impossible.

Funding problems, while not specifically questioned in the survey, also surfaced as a definite obstacle to implementation. It is quite probable that cuts in federal budget and a subsequent tightening of state money will have an increasingly negative effect on high risk register programs.

There is an obvious awareness of the high risk issue by those holding responsibility for early identification of hearing loss. This survey seems to indicate that many people are currently searching for a workable method to use within the guidelines of their states. Where this is not possible, professionals are seeking to change these guidelines and laws so that a plan can be developed and implemented.

While the results of this survey suggest progress in establishing high risk registers, 31 states (68.9%) reported no use of a high risk register. It is possible that within these states there is some local use that was not reported in this survey, but national use of a high risk register for infant hearing screening is far from a reality.

These findings indicate that it will be very important for those states which are trying to implement some form of high risk register to succeed if continued growth in this area is to be expected.

Finally, findings also indicate that a wide-spread use of the birth certificate as a method of gaining information in this area will probably depend on the success of those states which are currently attempting to utilize the birth certificate procedure.

APPENDIX

1. Does your state have a high risk register for infant hearing screening?

Response	%	N
No	68.9	31
Yes	28.9	13
Disagreement	2.2	1

1B. If so, which agency is responsible for implementation?

Response	%	N
State Dept. of Health	15.5	7
State Crippled Children's Agency	4.4	2
State Dept. of Education	2.2	1
Area Education Agency	2.2	1
Local Hospital	2.2	1
Governor's Council on Hearing Impairment	2.2	1

2. Does your state have any current form of infant hearing screening by birth certificate?

Response	%	N
No	95.5	43
Yes	2.2	1
Disagreement	2.2	1

IF YOU ANSWERED YES TO QUESTION NUMBER 2, PLEASE COMPLETE QUESTION 3-5.

3. Which agency is responsible for implementation of birth certificate screening?

Response	%	N
State Dept. of Health	100	1

4. Did implementation of this screening require changes or additional questions on the birth certificate?

Response	%	N
Yes	100	1

5. Did implementation of birth certificate screening require legislation?

Response	%	N
No	100	1

IF YOU ANSWERED NO TO QUESTION NUMBER 2, PLEASE COMPLETE QUESTIONS 6-10.

6. Is your state considering infant hearing screening by birth certificates?

Response	%	N
No	60	27
Yes	28.9	13
Unknown	2.2	1
Disagreement	2.2	1

7. Is there a problem in your state with confidentiality when considering the birth certificate form of infant hearing screening?

Response	%	N
Yes	37.8	17
No	28.9	13
Unknown	22.2	10
Disagreement	6.7	3

8. Would implementation of birth certificate screening require changes or additional questions on the birth certificate?

Response	%	N
Yes	80.0	36
Unknown	8.9	4
Disagreement	4.4	2
No	2.2	1

9. Would implementation of birth certificate screening require legislation?

Response	%	N
Yes	37.8	17
Unknown	28.9	13
No	17.8	8
Disagreement	6.7	3

10. Is there any legislation currently before the legislature or being proposed with regard to birth certificate screening?

Response	%	N
No	84.4	38
Yes	4.4	2
Unknown	2.2	1
Disagreement	2.2	1

REFERENCES

Gerber, S.E. and G.T. Mencher (ed.). 1978. Early diagnosis of hearing loss. Crune and Stratton, New York.

Mahoney, T.M., N.G. Cozakos, J.E. Brockert, and J.G. Eichwald. 1978. Paper presented to the convention of the American Speech and Hearing Association. San Francisco, California.

Mahoney, T.M. and J.G. Eichwald. 1979. Newborn high-risk hearing screening by maternal questionnaire. Journal of the American Auditory Society. 5, 41-45.

Mahoney, T.M. 1979. Unpublished update for the Utah state-wide high-risk hearing screening program.

Meyer, D.H. and V.I. Wolfe. 1975. Use of a high-risk register in newborn hearing screening. Journal of Speech and Hearing Disorders. 40, 493-498.

Northern, J.L. and M.P. Downs. 1978. Hearing in children. The Williams and Wilkins Company. Baltimore, Maryland.

Supplementary statement of Joint Committee on Infant Hearing Screening, July 1, 1972. 1974. ASHA, 16, 160.